# Ombudsman Saskatchewan Annual Report 2014

Ombudsman Saskatchewan

*Promoting Fairness*

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**Ombudsman Saskatchewan**
*Promoting Fairness*

April 2015

The Honourable Dan D'Autremont
Speaker of the Legislative Assembly
Province of Saskatchewan
Room 129 Legislative Building
2405 Legislative Drive
Regina, Saskatchewan S4S 0B3

Dear Mr. Speaker:

In accordance with subsection 38(1) of *The Ombudsman Act, 2012*, it is my duty and privilege to submit to you the forty-second annual report of Ombudsman Saskatchewan for the year 2014.

Respectfully submitted,

Mary McFadyen

Mary McFadyen
OMBUDSMAN

# Vision, Mission, Values and Goals

Since 2012, Ombudsman Saskatchewan has also served as the Office of the Public Interest Disclosure Commissioner. Our updated vision, mission, values and goals reflect our dual role:

## Vision

Our vision is that government is always accountable, acts with integrity, and treats people fairly.

## Mission

Our mission is to promote and protect fairness and integrity in the design and delivery of government services.

## Values

We will demonstrate in our work and workplace:

- fairness, integrity and accountability
- independence and impartiality
- confidentiality
- respect
- competence and consistency

## Goals

Our goals are to:

- Provide effective, timely and appropriate service.
- Assess and respond to issues from a system-wide perspective.
- Undertake work that is important to the people of Saskatchewan.
- Demonstrate value to the people of Saskatchewan by making recommendations that are evidence-based, relevant and achievable.
- Be experts on fairness and integrity.
- Educate the public and public servants about fairness and integrity.
- Have a safe, healthy, respectful and supportive work environment.

# Ombudsman's Message

I am very pleased to present Ombudsman Saskatchewan's 2014 Annual Report. Since 1973, we have carried out the important role of assisting the Legislative Assembly in ensuring that the executive branch of government delivers services to people fairly.

We carry out our role by receiving people's complaints about government services. When appropriate, we try to resolve those complaints informally. When that is not possible, we have the power to conduct independent and impartial investigations. We can make recommendations to government to fix the problem. Our goal is that our recommendations will not only help the people who bring complaints to our Office, but will also help others, so they do not encounter the same problems when they are accessing government services. We are proud that our work often results in changes to government practices, policies and programs, to make them fairer for everyone in Saskatchewan.

I was appointed to the position on April 1, 2014, and can report that Ombudsman Saskatchewan had a very busy year. Our Saskatoon office relocated into a new shared space with the Office of the Advocate for Children and Youth. As for our caseload, we received 2,985 complaints in total. Of those, 2,312 complaints were within our jurisdiction and 673 were outside of our jurisdiction, meaning that the organization or issue complained about is not within our mandate to review. These include, for example, complaints about municipalities, federal government organizations or programs, court decisions, or private matters between individuals. However, even when someone contacts us about a matter outside our mandate, we still assist them by providing contact information for the right agency to deal with the issue.

For me personally, it was exciting to return to Saskatchewan after being away for 20 years. Saskatchewan is thriving! Our population has grown substantially, and one of my goals for 2014 was to make sure that the Ombudsman was serving all citizens of Saskatchewan – no matter where they lived – and that all citizens were aware of our services. In that regard, this is the first year that we are reporting our complaints by region. Another initiative we actively pursued this year was the idea of the "Ombudsman's Office on the road," meaning that we looked for opportunities to provide services to citizens in areas outside of Regina and Saskatoon.

**Mary McFadyen,**
**Saskatchewan Ombudsman**

"We are proud that our work often results in changes to government practices, policies and programs, to make them fairer for everyone in Saskatchewan."

This year's report highlights some of the complaints we resolved successfully. Some were resolved informally and some through a more formal review or investigation. This year we made 32 recommendations that were aimed at fixing unjust or unfair administrative policies, procedures or decisions. Many of these recommendations are featured in this annual report. We are pleased to report that 29 were fully accepted by the government institutions in question.

**FUTURE DIRECTION**

One of our top priorities right now is our investigation into long-term care. In November 2014, the Minister of Health requested that we review the care received by a former resident at the Santa Maria Senior Citizens Home in Regina. This investigation is ongoing. Given its high profile, our Office has received more complaints about long-term care. We are addressing each complaint individually. Some complaints have required our immediate attention. Other issues will be addressed as part of the larger investigation. Our goal is to determine whether there are system-wide factors contributing to the issues and concerns that residents and families have experienced with long-term care, and to make recommendations to address these concerns.

We are constantly reviewing the way we do things to see if we can be more efficient. With this in mind, we have combined our annual reports for the Ombudsman and Public Interest Disclosure Commissioner.

Moving forward into 2015, we will continue to look for opportunities to serve everyone in the province.

# Complaints

When individuals believe a government ministry or agency has been unfair to them, they are often able to raise the issue and work out a resolution with the office involved. There are also times when resolutions do not come about so easily. For example, policies may be applied too rigidly, clear explanations may be lacking, or people on both sides may become hardened in their respective positions.

By the time people contact us, they are often frustrated. In addition to seeking a solution, they also want to be heard. Listening is our first step. Next, we determine whether the issue fits within our mandate and which of our services will be the most useful.

We may provide coaching or referral information; we may help parties resolve matters quickly and informally; we may facilitate communication between parties who are no longer talking to each other or who are having trouble communicating; or we may conduct a formal investigation. At the conclusion of an investigation, we may make recommendations to the government ministry or agency.

On the following pages are several case examples that demonstrate the kinds of complaints people brought to us and the ways we resolved them.

*Names have been changed to protect the confidentiality of those involved.*

## Early Resolution

**WHAT IF I DON'T WANT TO GO THERE?**
Saskatoon Health Region

"... if Hank did not accept the first available bed, for his permanent long-term care placement, he would no longer be eligible for home care and respite, and his name would be removed from the long-term care wait list for 90 days."

Hank had been assessed and approved for long-term care placement. He and his wife Hillary were hoping he could be placed in the facility nearest their home, but had to provide the Health Region with their top three choices. Hank would be placed in the first available bed in the first available facility he had selected.

Hillary had been Hank's caregiver at home, with the help of home care and respite services from their preferred long-term care facility near their home. Health Region staff told Hillary that if Hank did not accept the first available bed for his permanent long-term care placement, he would no longer be eligible for home care and respite, and his name would be removed from the long-term care wait list for 90 days. Hillary did not think this was fair and contacted our Office.

We began assessing the situation and heard inconsistent interpretations about long-term care placement practices from different staff at the health region. This information, along with Hank and Hillary's experience, led us to question whether the Health Region's current practices adhered to the Ministry of Health's *Program Guidelines for Special-care Homes*. The guidelines indicate that when a client who is eligible for long-term care prefers to remain in the community until their facility of choice becomes available, that client shall remain on the long-term care waiting list and receive resources in order to stay in the community.

Through discussions with health region staff and administrators, we learned that a long-term care placement policy was being drafted and received a commitment that it would conform to the guidelines. The health region also committed to educating staff on this process to ensure consistency in approach and adherence to the guidelines.

*Status: Resolved*

## Facilitated Communication

**HOW FAR BACK?**
Ministry of Social Services

Hope and Humphrey were guardians of two children who had been with them for several years. Both children had been developmentally delayed since birth. Once they were old enough to test, they were diagnosed with specific disabilities. As a result, Hope and Humphrey were

eligible for the Child Disability Benefit – a tax-free benefit for families with children who have a severe and prolonged impairment in physical and mental functions.

They applied for three years of retroactive benefits, and were approved for one year, but declined for the other two. The letter they received from Social Services did not explain why they were denied for the two years, and they could not seem to get an answer. They did not think this was fair and contacted us.

We reviewed the information they provided and talked with Social Services. We explained our expectations for procedural fairness – for example, that reasons should be given for decisions and that those affected by the decisions should have an opportunity to appeal or have the decision reviewed. We encouraged staff to look into the matter further to find out why the decision had been made. They did, and in discussions with their finance and policy staff, decided to provide retroactive pay for all three years requested.

*Status: Resolved*

## Investigations - Resolved

**NOBODY NOTICED**
SaskEnergy

Hilda, a senior, was on a pre-authorized payment plan with SaskEnergy. Each month, her bill came in the mail and indicated that the previous month's bill had been paid.

Ten years later, she was unexpectedly removed from the pre-authorized payment plan and a letter arrived from SaskEnergy, stating she owed almost $13,000 for past bills. She called SaskEnergy and learned that this amount was a total of her bills for the past 10 years that had not been paid out of her bank account. The pre-authorized payments had been coming out of another customer's account for all these years.

Hilda admitted that she never checked her bills against her bank account withdrawals; she just trusted that SaskEnergy was getting paid when the bills were showing they were paid. Although Hilda understood she probably owed the bill, she did not think it was fair for SaskEnergy to now demand payment after 10 years. As a senior on a fixed income, she could not afford to pay that amount as well as her regular bill. She contacted our Office.

We looked into several questions related to her situation and found:

- SaskEnergy had made the billing mistake.
- SaskEnergy's calculations of the amount were correct.
- SaskEnergy's letter did not provide an explanation of what happened.
- SaskEnergy has the authority to go back 10 years and collect this debt.
- No one noticed the error for 10 years: not Hilda, not the other customer and not SaskEnergy.
- The error was found when the other customer passed away and the estate was being settled.
- SaskEnergy reimbursed that customer's estate for the amount paid in error.

Following our involvement, SaskEnergy gave Hilda two options. She could, by a certain date, pay a lump sum that was less than the full amount owed, or she could pay a small amount each month over a long period of time to repay the total bill. Hilda was able to borrow money and pay the lump sum. She was relieved to have this matter settled.

*Status: Resolved*

**"In order for PKU patients to adhere to the strict PKU diet, to access metabolic formulas and foods, or to trial the newly approved drug, Kuvan, they need access to clinical services including metabolic specialists and dietitians."**

**CLINICAL SERVICES FOR PKU**
Ministry of Health

Phenylketonuria (PKU) is an inherited metabolic disorder. People with PKU lack an enzyme necessary to metabolize an amino acid called Phenylalanine (Phe). The treatment for PKU is to follow a very strict low-Phe diet, which normally excludes protein based foods such as milk, meat and grain products. People with PKU rely on liquid medical formulas and medical foods to provide protein that does not contain Phe. Brain damage can result from Phe levels that are too high.

In 2011-12, we investigated a situation where the parent of a child with PKU expressed concerns about the lack of availability of medical formulas and medical foods in Saskatchewan. Following our investigation, the situation improved and the province covered more of the costs for these foods and medicines.

In November 2013, we notified the Ministry of Health that we would investigate the lack of clinical services available in Saskatchewan for adults with PKU. Unlike children with PKU, adults had no clinical services in the province and access to these specialized services in

neighbouring provinces was insufficient. In order for PKU patients to adhere to the strict PKU diet, to access metabolic formulas and foods, or to trial the newly approved drug, Kuvan, they need access to clinical services including metabolic specialists and dietitians.

Following our notice of investigation, the province began taking steps to improve the situation. The Ministry secured funding to support an initiative led by the Saskatoon Health Region, the goal of which was to ensure availability of clinical services to all PKU patients, including access to a metabolic specialist, specialized dietitian services, and support staff.

*Status: Resolved*

## Investigations - Recommendations Made

**BRIDGING A SERVICE GAP**
Ministry of Social Services
Regina Qu'Appelle Health Region (RQHR)
Ministry of Health

Hugh had intellectual disabilities and multiple diagnoses of mental illness. For most of his life, he lived with his parents, who were a key support to him. In adolescence and early adulthood, he reached several milestones: a high school diploma, driver's license, and a job that he enjoyed. Over time, Hugh's mental health symptoms became more challenging. In order to address his needs, his parents began seeking supports and services, including a place to live.

His parents turned first to the Community Living Service Delivery program at the Ministry of Social Services. Community Living attempted to find a home for Hugh and to support him in programs, but these efforts were hampered by his increasing mental health symptoms.

Hugh had been admitted to a psychiatric ward a few times. Following his most recent admission, he had been certified and remained on the ward for several months, waiting for appropriate community services to be available to support him outside of the hospital. Even though his parents visited him almost every day and tried to keep him engaged in the community, his days were long and unstructured. Waiting for community support services began to take a toll. It seemed that he was lacking supports, just when he needed them most. Hugh's parents and their private social worker tried to secure the necessary ongoing support for him, but were unable to make progress with either Community Living or the Mental Health and Addictions Services Branch of the RQHR.

"We found that, with Hugh's combined needs, he did not fit neatly into the service plans for Social Services or the RQHR."

Frustrated, his parents, with the support of the RQHR Client Representative, contacted our Office.

We found that, with Hugh's combined needs, he did not fit neatly into the service plans for Social Services or the RQHR. Mental Health staff at the RQHR agreed that the noisy, busy, non-routinized day of the hospital was not in Hugh's best interest, but also did not see its community residences as suitable for him. They did not assign him a mental health social worker to assist with discharge planning and to identify needed supports. They did not enroll him in their day programs or consider him for their rehabilitation or residential services. In their view, these services were for chronic psychiatric patients only. They believed that, because of Hugh's intellectual disabilities, Community Living should be providing these services.

At the same time, Community Living felt that Hugh's mental health symptoms were beyond their expertise and resources, so they waited for Mental Health to stabilize him before considering him for placement in their homes and programs. Neither sector explicitly stated its views and expectations to the other, nor did they work together to develop a joint plan.

Some of the reasons given for these decisions were cost-related. Ironically, the cost of keeping Hugh in the hospital was much higher. He spent a total of 18 months on the psychiatric ward and was re-certified several times. According to his psychiatrist, Hugh would not have needed to stay in the hospital for more than three to six months, if the appropriate community services had been made available to him.

The Ombudsman worked with Community Living and Mental Health and helped them see their shared responsibility to Hugh. Once collaborative planning began, Community Living assigned Hugh a community intervention worker. Financial resources were reassigned so a community-based organization (CBO) would have the funds to work with him.

The CBO developed a relationship with Hugh, came to understand his needs, and agreed that its residential supports could accommodate him – though it would take time for a new home to become available. Mental Health also identified a staff person to work with the CBO to better support Hugh and other shared clients.

With these supports in place, Hugh was de-certified, discharged from the hospital and moved into a community home supported by both Community Living and Mental Health. Everyone, especially Hugh and his parents, were relieved and happy with his new home and the collaborative community supports provided.

While the search for a supported home for Hugh ended well, he is not unique. There are other people who have both intellectual disabilities and mental health conditions: some who are in psychiatric wards and some in the community. They need the kind of joint support from Community Living and Mental Health that Hugh eventually received. We made the following recommendations.

1. The Ministry of Social Services and the Regina Qu'Appelle Health Region immediately establish written policies and procedures to govern collaborative planning and management of the needs of shared clients (i.e. people who have both intellectual disabilities and mental illnesses) who receive or require services from both sectors. The new approach should:
    a. Acknowledge a mutual responsibility to the shared client population.
    b. Define who is a shared client.
    c. Facilitate the meaningful involvement of the individual, his or her family, personal guardians, or other primary caregivers in the planning process.
    d. For each shared client, require the development of a joint planning team whose primary responsibility is to create a service plan (with timelines) that will meet the individual's assessed needs.
    e. Outline the roles and responsibilities of all service providers involved in the planning process.
    f. Establish the parameters for the appropriate and necessary sharing of personal information between Community Living Services Delivery, Mental Health and Addictions Services and all other involved service providers working to support a shared client.
    g. Include internal avenues by which the shared client, his or her family or other care and service providers can quickly raise stalled or disputed cases to the attention of senior leaders (e.g., Executive Directors and above) for their timely contemplation and intervention.
    h. Consider funding models that support the integrated delivery of services by Mental Health and Addiction Services and Community Living Services Delivery to adults falling within both mandates.

*Status: Accepted*

2. The Ministry of Social Services and the Regina Qu'Appelle Health Region explore the feasibility of having a shared staff person who can quickly and effectively navigate both sectors to identify the people, the programs, the tools, and the resources needed to support shared clients.

   *Status: Accepted*

3. The Ministry of Social Services and the Ministry of Health immediately identify all shared clients who have been admitted to a psychiatric bed and remained there beyond the average or expected length of stay. These cases must then be reviewed and the barriers to discharge resolved so that acute care psychiatric beds designed for short term stays do not serve as long-term residences for shared clients in lieu of adequate community residences.

   *Status: Accepted*

4. The Ministry of Social Services establish maximum wait times for Community Living Service Delivery's residential services and day programs, and a process to meet clients' interim needs while waiting for services. Once these are established, ensure that average wait times are made known to clients, their families, the CBO sector, and the general public.

   *Status: Partially Accepted*

   *Note: Social Services indicated that it would look at other ways to meet the intent of this recommendation.*

   *We think this recommendation is important and we will continue to monitor Social Services' response.*

As Hugh's guardians, his parents received Individualized Support Contracts (ISCs) to hire support people and pay for self-directed day programs for Hugh. While this was helpful, they struggled with the process and time required to recruit, train and hire support workers. In their case, ISCs worked better for Hugh when Community Living began administering them, directing the funds to the local CBO that eventually provided him a home.

5. The Ministry of Social Services ensure that people who receive ISCs can, if required, access direct support from its Community Living Service Delivery Branch when looking to recruit, hire and train support workers. At a minimum, the Branch should provide those awarded an ISC an up-to-date list of trained and suitable workers

as well as an up-to-date catalogue of community groups, events or resources they may wish to access with the funds.

*Status: Accepted*

There is room for a high degree of discretionary decision-making in some parts of Community Living's service model. Where there is room for discretion, it is important that there also be room for decisions to be appealed and reviewed.

6. The Ministry of Social Services immediately introduce a review process for all reviewable administrative decisions undertaken by staff of the Community Living Service Delivery Branch.

*Status: Accepted*

During his prolonged hospital stay, Hugh's parents tried repeatedly to have him admitted to Mental Health support programs. He was denied and they didn't understand why. The Health Region has an appeal process for administrative decisions, but it was new and staff were not well aware of it. It was never offered to Hugh and his parents.

7. The Regina Qu'Appelle Health Region educate staff on its appeal policy, and who can access it and how. In addition, the Regina Qu'Appelle Health Region must ensure that its appeal process is widely known and accessible to all patients, families and other involved stakeholders with a legitimate role in supporting the patient.

*Status: Accepted*

It took too long for Mental Health managers to be aware of Hugh's "stalled" hospital stay and to identify the barriers to his discharge and begin removing them.

8. The Regina Qu'Appelle Health Region ensure that a social worker is assigned to all patients admitted to the psychiatric ward. The role of the Regina Qu'Appelle Health Region social worker would include identifying, at admission, the planning needs for and barriers to discharge.

*Status: Accepted*

9. The Regina Qu'Appelle Health Region ensure that any long-stay patient in a psychiatric ward is immediately identified to appropriate senior managers who in turn will then work with the necessary internal and external stakeholders and service providers to address barriers to timely discharge.

   *Status: Accepted*

10. The Regina Qu'Appelle Health Region and the Ministry of Health review the lengthy certification demonstrated in this case and identify and implement the necessary substantive and procedural improvements and safeguards to:

    a. prevent the use of certification as a means of providing temporary residential placement; and

    b. ensure appropriate temporary residential care and services are available to people who otherwise do not need to be certified.

    *Status: Accepted*

11. The Regina Qu'Appelle Health Region review and update its policies and procedures to ensure that adults with intellectual disabilities have access to needed mental health services regardless of their client status with the Community Living Service Delivery Branch of the Ministry of Social Services.

    *Status: Accepted*

12. The Ministry of Social Services develop information for clients, families, guardians and primary caregivers about the services it provides, including those for people needing shared services from Community Living Services Delivery and Mental Health and Addictions Services.

    *Status: Accepted*

13. The Regina Qu'Appelle Health Region make written information available to clients (and family, guardians and caregivers) about the range of its Mental Health and Addictions Services, including those available to people needing shared services from Community Living Services Delivery and Mental Health and Addictions Services, and describing the intended target group, specific options within each range, ways to be admitted to these options, and how to appeal denials of service.

    *Status: Accepted*

14. The Community Living Service Delivery branch update its written policies and casework practices to explicitly recognize and incorporate the rights of personal guardians.

    *Status: Accepted*

15. The Regina Qu'Appelle Health Region institute a written policy and practice to ensure that official representatives are aware when a certified patient has a personal guardian and make printed material available to personal guardians about the certification process.

    *Status: Accepted*

16. The Ministry of Social Services and the Regina Qu'Appelle Health Region provide meaningful acknowledgement to Hugh's family that explains their respective challenges in administering and managing Hugh's case, and the concrete corrective actions they have separately and jointly taken to improve their services for future shared clients.

    *Status: Accepted*

**WHY ME?**
Ministry of Parks, Culture and Sport

Although Hudson's cottage was not on the lakefront, his shed was. It was a handy place to keep life jackets and paddles.

The shed's days were numbered. Hudson received a letter from the Ministry of Parks, Culture and Sport, giving him just under two years to remove it. This was not a complete surprise because he had received a couple of letters in the past, explaining that the policy about shoreline structures had changed.

Hudson was not aware of other cottage owners having to remove their sheds, so he contacted the Ministry. He was told that some had received a notice, but others had not. For example, sheds with concrete floors or that housed water systems would have a larger impact on the shoreline when they were removed, so cottagers with those sheds had not received notices.

He did not think it was fair that his shed had to be removed, while others could remain, so he contacted our Office.

We visited the area and observed that there were several other sheds, similar to Hudson's in size and condition (no concrete base; no water system). The owners had not been asked to take them down. We also found that the Ministry had a plan for removal of the shoreline structures on this site, but it did not account for all the applicable structures.

The Ministry's policy had been in place since 1993, but just when Hudson received his letter, a new policy was being developed. Under the new policy, the Ministry would grandfather existing structures and provide notice to owners when the structures would need to be removed.

While Hudson had received ample notice about the required changes, we did not think it was fair for the Ministry to treat him differently than other cottagers. We made the following recommendation.

1. That the Ministry of Parks, Culture and Sport:
    a. Develop and follow guidelines for the implementation of the new Shoreland and Foreshore Land Management policy to ensure that its decisions to remove structures are evidence-based and are not, and cannot reasonably be seen to be, inconsistent; and
    b. If the guidelines allow for officials to exercise discretion when deciding how to bring certain communities into compliance, then the Ministry should clearly explain the extent of this discretion and dictate a fair process for its official to properly exercise the discretion.

    *Status: Accepted*

    *In addition to accepting our recommendations, the Ministry said that it would not take any further action related to Hudson's shed until updated plans were in place.*

**SEEKING A BETTER PROCESS**
Ministry of Social Services

Hunter had an acquired brain injury and needed help with basic skills like finding an apartment, buying food and clothing and attending appointments. Halle, a coordinator from his health region, met with him regularly and helped him with some of these tasks. One such task was applying for the Saskatchewan Rental Housing Supplement (SRHS).

Halle read in Social Services' *Guide to the Saskatchewan Employment Supplement and the Saskatchewan Rental Housing Supplement* that

applications needed to be made by telephone. Hunter did not have a phone, so when he had an appointment with her, she sat with him and made the call. The message said they were 32nd in the queue and they waited for an hour and a half for their turn. When it came, they started providing the information, but ran out of time because Hunter's appointment with Halle was over.

During the next several weeks, they continued to try, but ran into similar delays. With Halle's help, Hunter was eventually accepted into the program. Since his work hours fluctuated, he then had to call in each month to report his income. Again, they experienced long waits (often 30–50 minutes) before they could speak with someone.

Halle was concerned about the experience she and Hunter had and knew that, without her help, he would have given up. She did not think the process was fair and contacted our Office.

We investigated three issues: the wait times Hunter and Halle experienced; the application process and communication about the process to applicants and staff; and the availability of assistance from Social Services for applicants with disabilities.

We found that the call centre wait times had been particularly high during the months Hunter and Halle had been calling. Since then, Social Services had been taking steps to reduce wait times and had made positive changes. For example, the percentage of calls returned within five minutes went up from 35% to 60%. (The call centre's goal is to return 90% of calls within five minutes.)

Halle had questioned why there was not a paper-based or online application process, which would have been easier for Hunter to complete. We learned that there was a paper-based option, but the guide that Halle read did not mention this. Not all staff seemed to be aware of this option either.

We commended Social Services for initiating a pilot project that allows certain recipients to report their monthly income by email rather than by phone. Hunter was invited to participate in this pilot project.

We learned that, for the most part, Ministry staff did not help applicants with their applications. Advocates were welcome to assist clients, though they were also not provided assistance from staff. Walk-in clients with disabilities were not given any special consideration or assistance, but had to wait in line like everyone else.

**"Given the complexity of the application process, it was not clear how applicants with mental disabilities, or those with no phone or computer and no advocate would be able to successfully apply for the SRHS and make the monthly income reports."**

Given the complexity of the application process, it was not clear how applicants with mental disabilities, or those with no phone, computer or advocate would be able to successfully apply for the SRHS and make the monthly income reports.

As a result of our investigation, we made the following recommendations.

1. The Social Services publication, *A Guide to the Saskatchewan Employment Supplement and Saskatchewan Rental Housing Supplement,* should include information about the paper application process for the Saskatchewan Rental Housing Supplement and about the availability of information on Social Services' website.

   *Status: Accepted*

2. Local Social Services offices should a) have paper applications available to applicants, b) provide in-person assistance to applicants who come to the local office with the intention of applying, or for help completing the forms, c) accept paper applications whether in person or by mail, and d) have computers, printers and telephones available for applicants to use to complete the application process in the office.

   *Status: Accepted*

3. Social Services should change its call-in application process so applicants who cannot complete the process in one telephone call can call back and pick up where they left off, so they do not have to start the process over from the beginning.

   *Status: Accepted*

   *Social Services noted that this recommendation requires significant information technology enhancements and agreed to determine the effort, cost and timing for this work for consideration within future planning and budget development.*

4. Social Services should develop a way for Saskatchewan Rental Housing Supplement applications to be completed electronically and submitted via email or online.

   *Status: Accepted*

**IF ONLY WE HAD KNOWN**

Ministry of the Economy, Immigration Services
(Immigration was previously part of the Ministry of Advanced Education, Employment and Immigration.)

From December 5, 2005 until April 30, 2012, immigrants who lived in Saskatchewan for at least a year and met certain criteria could apply under the family referral category of the Saskatchewan Immigrant Nominee Program (SINP) to nominate several family members at a time.

That ended on May 1, 2012, when the Ministry of Advanced Education, Employment and Immigration announced changes to the SINP. For immigrants who had been preparing to apply to bring family members to Canada under the program, the news was very disappointing. Some had invested a significant amount of time and money into moving to Saskatchewan and had been planning to apply as soon as they met the program criteria. Now, they would have to apply under the federal family reunification program. Several people in this situation did not think this was fair and contacted our Office.

Primary responsibility over immigration lies with the federal government. Like nominee programs in other provinces, the SINP is governed by federal legislation and functions under a federal-provincial agreement. Given our limited jurisdiction in this matter, we focused on four questions.

1. Did the Ministry of Advanced Education, Employment and Immigration provide reasonable notice of the changes?

   Giving reasonable notice of changes to programs is part of procedural fairness. In situations where notice might not always be possible, it is important to make information available to those who may be affected. Some other provinces' websites, for example, stated that their provincial nominee programs may change without notice. At the time, Saskatchewan's website did not state this, though it does now.

   Leading up to the changes in 2012, the federal government's public position had been that family reunification should occur through the federal process and the provinces' programs should focus on local economic requirements. Though the provincial government may not have fully known the exact details of the changes that were coming, it could have provided information that changes were imminent.

2. Did the Ministry adequately consult with those likely to be affected by the changes before the changes were made?

   Given the federal government's role in immigration, the province's ability to consult would have been limited to how changes would be implemented and not about whether the changes should be made. Even limited consultation would have been helpful to those who would be affected by the changes.

3. Did the Ministry provide people and groups affected by the changes with meaningful explanation for the decision?

   When the changes to the SINP were announced, the Ministry provided a description of them and could have provided a clearer explanation. Later, when meeting with those concerned about the changes, Ministry officials tried to provide a better explanation of the reasons behind the changes.

4. Should residents who moved to Saskatchewan before May 1, 2012 with the intent of using the SINP family category be able to apply under the old criteria through some form of grandfathering program?

A grandfathering scheme can have essentially the same effect as giving notice. In this case, applications that had already been submitted would be processed under the previous SINP program. Those who had moved to Saskatchewan with the intent of applying were not grandfathered. We considered the implications of extending a grandfathering scheme to people in this situation. In addition to any additional administrative challenges it may have presented, the bottom line was that Saskatchewan had to make changes to align the SINP with the federal direction. If the province chose not to, and continued to nominate people under the old program, it would have risked the federal government rejecting its nominations. It would have also used resources to process applications that it knew would be rejected at the expense of other applications that it was confident would be accepted.

**Conclusion**

We found that, while the Ministry's options were limited in many respects, it could have done a better job of communicating with those who would or could be affected by the changes. While we could not go back and change what already happened, we made the following recommendations to help improve the roll-out of future changes.

1. The Ministry of the Economy should provide either reasonable notice about the changes it makes to its immigration programs or a reasonable grandfathering scheme with a view to balancing the Ministry's interest in ensuring program integrity and fairness to all potential applicants, with the interests of those that will be personally affected by the changes.

   *Status: Accepted*

2. The Ministry of the Economy should provide more complete information on its immigration website and in its other written materials about how it makes program changes, along with its rationale for doing so.

   *Status: Accepted*

**LOOKING FOR REASONS**
Saskatchewan Crop Insurance Corporation (SCIC)

Harold and Huck each leased half of a 140 acre field, and each had his own Crop Insurance contract. It was a wet spring, and by mid-June, the field was still muddy but just becoming workable. They considered whether they should apply for Unseeded Acreage (USA) compensation for those acres too wet to seed by June 20th, or if they should attempt planting a short-season crop into the muddy field. They questioned what they should do based on the normal recommended seeding date for that specific crop for SCIC multi-peril coverage, and the USA compensation deadline.

They found the information about the applicable deadlines on SCIC's website to be unclear, so Huck contacted SCIC. He was told if the crop was planted after June 14, they would have frost coverage under their insurance contracts but not multi-peril coverage, but they would still be eligible for USA compensation. Within the next two days, they planted the field, managing to get their equipment through the mud.

When they submitted their Seeded Acreage Reports to SCIC, each included his half of the 140-acre field in his USA compensation claim. Huck's USA claim, including the 70 acres, was approved and paid out. Harold was paid out for his USA acres claimed, excluding the 70 acres. The reason given was that the 70 acres were seeded prior to the June 20th deadline for USA claims. Huck's 70-acre claim was then also revoked.

Harold appealed the decision as unfair because he had based his seeding decision on incorrect information provided by SCIC. His appeals were denied on the basis that SCIC had to follow its policy and regulations. However, clear reasons were not provided. He contacted our office and we conducted an investigation into the reasonableness of the denial and the lack of reasons.

We found that the SCIC Regional Managers Appeal group denied his appeal, but did not provide Harold the explanation as is required by SCIC policy when a denial is made. At the next appeal level, the SCIC Appeal Panel reviewed the situation and recommended to the SCIC Board of Directors that, because Harold had acted on faulty advice provided by SCIC, the claim should be approved. The Board did not accept the Panel's recommendation, stating the SCIC regulations define when a USA payment is made, and they were required to adhere to the regulations. In their view, whether a farmer or SCIC employee made a mistake, the role of the Board was to provide corrective action based on the regulations. We found that this was sound reasoning on the part of the Board, but this explanation had not been provided to Harold.

SCIC acknowledged that some of the information available to producers about the applicable seeding and USA deadlines was not as clear as it could have been. As a result, they developed a pamphlet to better explain the USA criteria and deadlines for the next year, and mailed it to all contract holders.

We have observed in recent years, that the reasons being provided to producers following appeals have been dwindling or are unclear. Harold was not the first producer to not be provided a full explanation. We made the following recommendation.

1. That the Saskatchewan Crop Insurance Corporation review its internal appeal process at all levels and ensure it provides more detailed information to the producer, so that the producer has sufficient information as to why decisions are made.

   *Status: Accepted*

**THAT'S NOT WHAT THE COMPUTER SAID**
Ministry of Social Services

Harlow had shared custody of his son, Hal, who spent four days with Harlow and four days with his mother (Hannah) on a rotating basis.

When Harlow applied for benefits under the Saskatchewan Employment Supplement (SES) program, the Ministry of Social Services denied his application. He was told that, according to the Provincial Health Registry, Hal was part of Hannah's family unit, so could not be considered part of Harlow's family unit for the purposes of calculating eligibility for SES benefits. When Harlow questioned this decision, Social Services told him that it could do nothing for him unless the information on the Health Registry changed.

Harlow did not think this decision was fair and contacted our Office.

We found that the Provincial Health Registry could not accurately reflect shared custody arrangements and that Social Services' information technology systems rely on this information to assess eligibility for SES benefits.

Health Registry staff decided to use a manual workaround, shifting Hal between Hannah's and Harlow's family unit every six months, to help Social Services receive more accurate data and establish a SES benefit plan for Harlow.

To prevent similar confusion for other parents sharing custody, we made the following recommendation.

1. That Social Services ensure that it does not administer the SES program in a way that results in it relying on information in the Provincial Health Registry or in any other record of any information holder, which the information holder confirms is incorrect.

   *Status: Accepted*

# Accolades

We would like to take this opportunity to thank public servants who are dedicated to fairness. In particular, there were some we encountered in 2014 who we felt were deserving of an Accolade. They are:

**Linda McGill**
Income Assistance Worker, Ministry of Social Services

Thank you for helping a client who had been struggling to appeal an overpayment. You raised new information and helped clear up the confusion, so the overpayment was dropped.

**Bev Velasquez**
Supervisor, Income Assistance, Saskatoon, Ministry of Social Services

Thank you for stepping in to help a vulnerable client in an hour of need and for personally ensuring that all her concerns were being addressed.

**Candice Dilschneider**
Branch Office Manager, Customer Care and Billing, SaskPower

Thank you for championing a fair solution to a large bill for a couple who owed the money, but had not realized what they were getting into.

**Iva Quigley**
Communications Manager, Corporate & Government Relations, SaskTel

Thank you for your determination to right a wrong, even an old one.

**Jeff Redekop and Staff**
Executive Director, Service Delivery, IADS, Ministry of Social Services

Thank you for improving written procedures and staff education to ensure that homeless people have better access to Social Assistance benefits.

**Bob Bailey and Staff**
Director, Business Development, Saskatchewan Transportation Company (STC)

Thank you for going the extra mile for a customer in difficult circumstances who needed to change her travel plans.

# Public Reports

## Investigations Underway

### SANTA MARIA, LONG-TERM CARE INVESTIGATION

On November 20, 2014, the Minister of Health requested that our Office investigate care at Santa Maria Senior Citizens Home in light of concerns raised by a resident's family that a lack of care was a factor in her death. On November 27, 2014, we accepted the Minister's referral and began our investigation.

The investigation will consider the following questions:

1. Does Saskatchewan's long-term care delivery model set out clear roles, responsibilities and accountability for the Ministry of Health, the health regions and long-term care facilities?
2. How do the Ministry of Health, the health regions, and long-term care facilities ensure that appropriate standards of care are being met at long-term care facilities?
3. What factors impact the quality and delivery of care at long-term care facilities?
4. Are there effective processes in place for addressing the concerns of residents and their families?

The investigation is well underway and our intention is to complete the investigation in the spring of 2015.

# Workshops and Presentations

**"Well worth the time and provided information and skills that are easy to take away and use at work. Thank you!!"**

- Grant Van Eaton
Director, Service Excellence
Human Resources and Communication
Workers' Compensation Board

We continue to reach out to the people of Saskatchewan and to government employees. Workshops and presentations are opportunities to let them know about the kinds of concerns we can take and what we mean when we talk about fairness.

**WORKSHOPS**

Our "Fine Art of Fairness" workshops focus on the fundamentals of fairness and the importance of making fair decisions. Public servants readily participate in discussions during these workshops. They tend to see fair practices as the basis of professionalism and service excellence in the public service.

Our workshops are available upon request and several ministries and agencies contacted us in 2014. A few times a year, we also offer open sessions, available to all government employees.

**Fine Art of Fairness**

Open Workshop for all Public Servants, Regina
Open Workshop for Health Sector Employees, Regina
Open Workshop for Health Sector Employees, Saskatoon
International Ombudsman Association
Ministry of Social Services, Regina (3)
Ministry of Social Services, Saskatoon
Provincial Disaster Assistance Program
Regina Correctional Centre (2)
Regina Qu'Appelle Health Region
Saskatoon Correctional Centre
Sun Country Health Region
United Way Partners (Regina)
Workers' Compensation Board, Regina

**PRESENTATIONS**

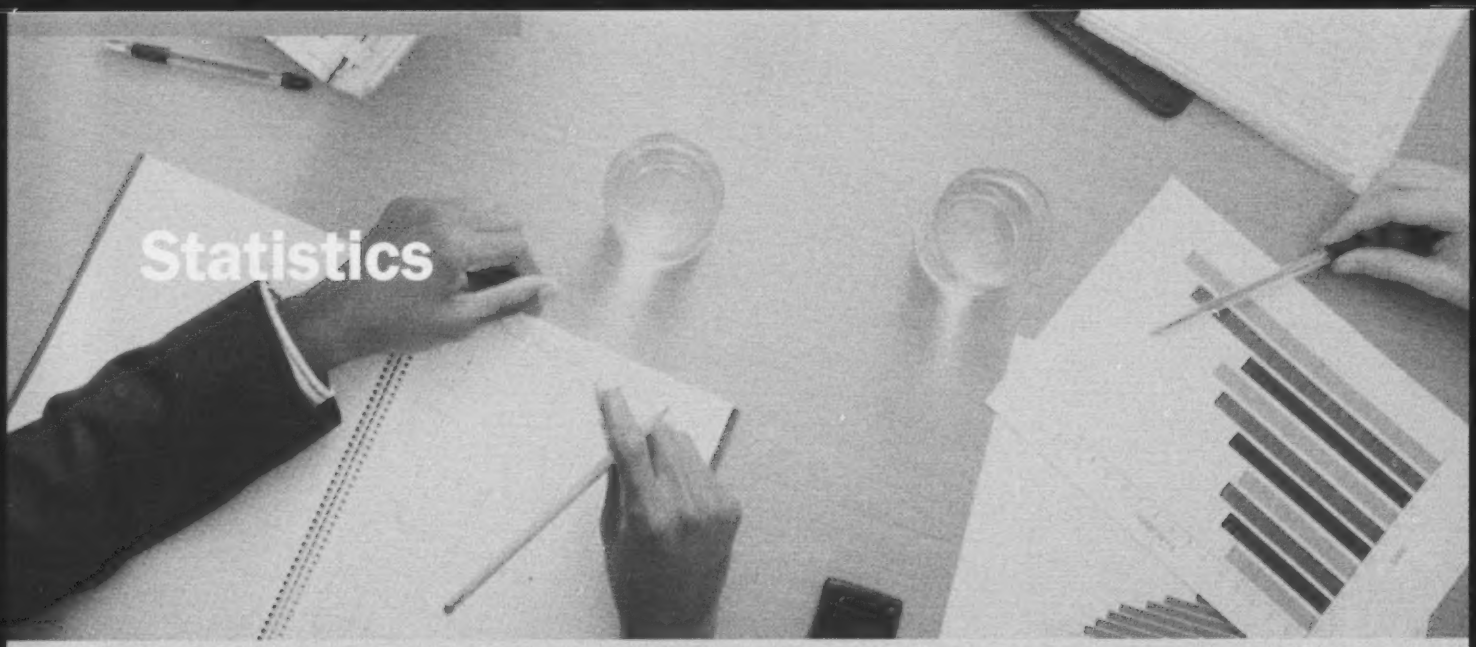
Carlton High School, Law 30
Dress for Success Regina
École Canadienne-Française Pavillon Gustave-Dubois, Social Studies 10
Extendicare Saskatchewan/Manitoba
Extendicare Sunset Resident Family Council
International Ombudsman Association
John Howard Society
Law Society of Saskatchewan,
"Practice Essentials for Administrative Tribunals"
Office of Residential Tenancies,
"Practice Essentials for Administrative Tribunals"
Osgoode Hall Law School / Forum of Canadian Ombudsman,
"Essentials for Ombuds"
Public Guardian and Trustee
Quality Care Health Summit
Santa Maria Senior Citizens Home (2)
Saskatchewan Human Rights Commission
Saskatchewan Legislative Interns
Saskatchewan Seniors' Association
Saskatoon Council on Aging
Sexual Assault Services of Saskatchewan
SGEU Provincial Council
Saskatchewan Polytechnic, Correctional Studies Program
Saskatchewan Teachers' Institute on Parliamentary Democracy
Sun Country Health Region, Long-Term Care Management Group
Tommy Douglas Collegiate, Law 30
United States Ombudsman Association
Western Australia Parliamentary Delegation (in Regina)

**Corrections**

Pine Grove Correctional Centre (new staff) (2)
Prince Albert Correctional Centre (new staff)
Saskatoon Correctional Centre (new staff)
Women's Community Training Residence

**Booths & Events**

Saskatchewan Health Care Quality Summit
Saskatchewan Seniors' Mechanism Conference (2)
Student Leadership Conference, Nipawin
Saskatchewan Home Economics Teachers' Association / Association of
Saskatchewan Home Economists Conference
University of Regina Social Work Career Fair / Careers Day (2)



# Statistics

"... I just wanted to thank you guys for pointing me in the right direction. You probably saved me years of work. I really appreciate your time, your energy, your effort and your professionalism. Thank you very much."

- letter from complainant, following a referral

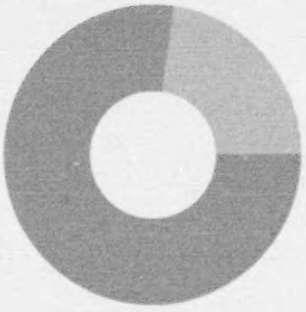
## Tracking Files and Progress

**RECEIVING FILES**

Most complaints we receive fit within our jurisdiction, but a significant minority do not. In those instances, we take the time to redirect the person to the most appropriate office or service.

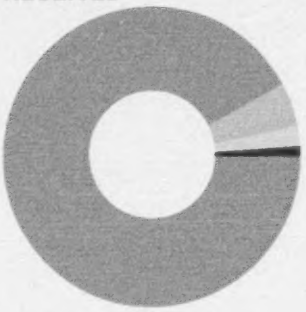
In 2014, we received 2,985 complaints: 2,312 that were within jurisdiction and 673 that were not.

COMPLAINTS RECEIVED



- Within Jurisdiction: 2,312
- Outside Jurisdiction: 673

HOW COMPLAINTS WERE RECEIVED

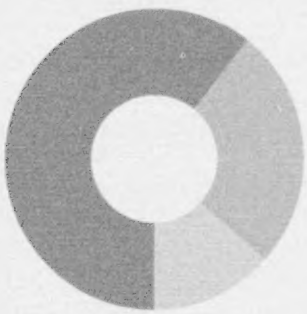


- Phone: 2,746
- Internet Form: 105
- Letter: 38
- Walk-in: 67
- Email: 29

## COMPLAINT OUTCOMES

Each complaint is unique and there are many possible outcomes. However, we have grouped outcomes into the four categories defined below. Please note that some complaints contain multiple issues, which may have had different outcomes.

### COMPLAINT OUTCOMES



- Initial Support: 1,580
- Resolved: 652
- Recommendations Made: 32
- No Further Action: 344

### Outcome Categories

| | |
|---|---|
| **Initial Support** | We provided an introductory level of support. For example, we may have made a referral - perhaps to an appeal process, an advocacy service, or an internal complaints process. At this stage, we encourage people to contact us again if their attempts to resolve the matter do not work out. |
| **Resolved** | The complaint has been resolved in some manner. For example, an appropriate remedy may have been reached or a better explanation provided for a decision. |
| **Recommendations** | We made one or more recommendations related to this complaint. |
| **No Further Action** | No further action was required on the file. For example; there may have been no reason to request the government organization to act, there was no appropriate remedy available, or the complainant discontinued contact with our Office. |

### TIME TO PROCESS CASES

| | Target | Actual |
|---|---|---|
| Files Closed Within 90 Days | 90% | 95% |
| Files Closed Within 180 Days | 95% | 98% |

## TIME TO PROCESS CASES

The time it takes to complete and close a case varies, depending on the circumstances and the amount of work required. Many can be closed within a few days, while others may take several months. Overall, our goal is to complete most cases within six months.

## COMPLAINTS BY REGION

This map provides an overview of the complaints we received within jurisdiction, separated into five regions, plus Regina and Saskatoon. Complaints received from inmates in correctional centres have been counted separately since they do not represent the home communities of those complainants.

### Regions & Larger Cities

| | |
|---|---|
| North | 164 |
| West Central | 209 |
| East Central | 200 |
| Southwest | 69 |
| Southeast | 261 |
| Regina | 311 |
| Saskatoon | 429 |

### Other Complaints

| | |
|---|---|
| Correctional Centres | 587 |
| Out of Province | 38 |
| Unknown | 44 |

### TOTAL Complaints

| | |
|---|---|
| TOTAL | 2,312 |

## Complaints Received

| PUBLIC BODY | COMPLAINTS RECEIVED | |
|---|---|---|
| | 2014 | 2013 |
| MINISTRIES | | |
| **ADVANCED EDUCATION** | **9** | **11** |
| **AGRICULTURE** | **1** | **2** |
| **CENTRAL SERVICES** | **2** | **0** |
| **ECONOMY** | **14** | **8** |
| **EDUCATION** | **5** | **4** |
| **ENVIRONMENT** | **4** | **10** |
| **FINANCE** | **5** | **4** |
| **GOVERNMENT RELATIONS** | | |
| Public Safety | 10 | 6 |
| Government Relations - Other | 1 | 10 |
| **TOTALS - GOVERNMENT RELATIONS** | **11** | **16** |
| **HEALTH** | | |
| Drug Plan & Extended Benefits | 21 | 15 |
| Health - Other | 18 | 33 |
| **TOTALS - HEALTH** | **39** | **48** |
| **HIGHWAYS & INFRASTRUCTURE** | **18** | **6** |
| **JUSTICE** | | |
| Adult Corrections – Pine Grove Correctional Centre | 42 | 35 |
| Adult Corrections – Prince Albert Correctional Centre | 130 | 165 |
| Adult Corrections – Regina Correctional Centre | 236 | 241 |
| Adult Corrections – Saskatoon Correctional Centre | 166 | 177 |
| Adult Corrections - White Birch Remand Centre | 11 | 0 |
| Adult Corrections – Other | 13 | 15 |
| Corrections & Policing – Other | 3 | 13 |
| Court Services | 13 | 14 |
| Maintenance Enforcement Branch | 34 | 32 |
| Public Guardian and Trustee | 12 | 19 |
| Office of Residential Tenancies / Provincial Mediation Board | 47 | 40 |
| Justice – Other | 17 | 16 |
| **TOTALS - JUSTICE** | **724** | **767** |

| PUBLIC BODY | COMPLAINTS RECEIVED | |
|---|---|---|
| | 2014 | 2013 |
| MINISTRIES (CONT'D) | | |
| **LABOUR RELATIONS & WORKPLACE SAFETY** | **26** | **33** |
| **PARKS, CULTURE & SPORT** | **1** | **1** |
| **SOCIAL SERVICES** | | |
| Child & Family Services | 83 | 77 |
| Housing | 70 | 75 |
| Income Assistance & Disability Services Division - Community Living Service Delivery | 5 | 6 |
| Income Assistance & Disability Services Division - Income Supplement Programs - Other | 18 | 24 |
| Income Assistance & Disability Services Division - Saskatchewan Assured Income for Disability | 126 | 104 |
| Income Assistance & Disability Services Division - Saskatchewan Assistance Program | 383 | 440 |
| Income Assistance & Disability Services Division - Transitional Employment Allowance | 39 | 35 |
| Social Services - Other | 7 | 8 |
| **TOTALS - SOCIAL SERVICES** | **731** | **769** |

| BOARDS | | |
|---|---|---|
| **FARMLAND SECURITY BOARD** | **1** | **0** |
| **HIGHWAY TRAFFIC BOARD** | **3** | **5** |
| **LABOUR RELATIONS BOARD** | **2** | **1** |
| **LANDS APPEAL BOARD** | **2** | **0** |
| **PUBLIC AND PRIVATE RIGHTS BOARD** | **0** | **1** |
| **SASKATCHEWAN MUNICIPAL BOARD** | **0** | **1** |
| **SASKATCHEWAN PENSION PLAN BOARD OF TRUSTEES** | **1** | **1** |
| **SASKATCHEWAN SOCIAL SERVICES APPEAL BOARD** | **6** | **7** |
| **SOCIAL SERVICES REGIONAL APPEAL COMMITTEES** | **2** | **2** |
| **SURFACE RIGHTS ARBITRATION BOARD** | **0** | **1** |
| **WATER APPEAL BOARD** | **0** | **1** |
| **WORKERS' COMPENSATION BOARD** | **98** | **107** |

| PUBLIC BODY | COMPLAINTS RECEIVED | |
|---|---|---|
| | 2014 | 2013 |
| REGIONAL HEALTH AUTHORITIES & ENTITIES | | |
| REGIONAL HEALTH AUTHORITIES | | |
| ATHABASCA REGIONAL HEALTH AUTHORITY | 0 | 2 |
| CYPRESS REGIONAL HEALTH AUTHORITY | 2 | 5 |
| FIVE HILLS REGIONAL HEALTH AUTHORITY | 9 | 9 |
| HEARTLAND REGIONAL HEALTH AUTHORITY | 1 | 2 |
| KEEWATIN REGIONAL HEALTH AUTHORITY | 1 | 1 |
| KELSEY TRAIL REGIONAL HEALTH AUTHORITY | 2 | 3 |
| MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY | 2 | 3 |
| PRAIRIE NORTH REGIONAL HEALTH AUTHORITY | 6 | 5 |
| PRINCE ALBERT PARKLAND REGIONAL HEALTH AUTHORITY | 11 | 15 |
| REGINA QU'APPELLE REGIONAL HEALTH AUTHORITY | 25 | 25 |
| SASKATOON REGIONAL HEALTH AUTHORITY | 25 | 43 |
| SUN COUNTRY REGIONAL HEALTH AUTHORITY | 3 | 2 |
| SUNRISE REGIONAL HEALTH AUTHORITY | 13 | 9 |
| TOTALS - REGIONAL HEALTH AUTHORITIES | 100 | 124 |

| *HEALTH ENTITIES... | | |
|---|---|---|
| ... IN THE FIVE HILLS HEALTH REGION | 2 | 3 |
| ... IN THE HEARTLAND HEALTH REGION | 1 | 0 |
| ... IN THE PRAIRIE NORTH HEALTH REGION | 1 | 1 |
| ... IN THE PRINCE ALBERT HEALTH REGION | 1 | 0 |
| ... IN THE REGINA QU'APPELLE HEALTH REGION | 10 | 4 |
| ... IN THE SASKATOON HEALTH REGION | 18 | 12 |
| ... IN THE SUN COUNTRY HEALTH REGION | 2 | 1 |
| ... IN THE SUNRISE HEALTH REGION | 5 | 0 |
| TOTALS - HEALTH ENTITIES BY REGION | 40 | 21 |

*These entities are grouped and listed based on the health region in which they are located, not on their governance structure.

| PUBLIC BODY | COMPLAINTS RECEIVED | |
|---|---|---|
| | 2014 | 2013 |
| CROWN CORPORATIONS | | |
| FINANCIAL & CONSUMER AFFAIRS AUTHORITY | 3 | 1 |
| INFORMATION SERVICES CORPORATION OF SASKATCHEWAN | 1 | 6 |
| LIQUOR & GAMING AUTHORITY | 1 | 5 |
| SASKATCHEWAN CROP INSURANCE CORPORATION | 10 | 4 |
| SASKATCHEWAN GOVERNMENT INSURANCE (SGI) | | |
| Auto Fund | 35 | 38 |
| Claims Division - Auto Claims | 80 | 71 |
| Claims Division - No Fault Insurance | 38 | 46 |
| Claims Division - Other / SGI Canada | 29 | 41 |
| SGI - Other | 8 | 5 |
| TOTALS - SGI | 190 | 201 |
| SASKATCHEWAN TRANSPORTATION COMPANY (STC) | 2 | 2 |
| SASKENERGY | 42 | 15 |
| SASKGAMING | 0 | 1 |
| SASKPOWER | 84 | 71 |
| SASKTEL | 51 | 51 |
| SASKWATER | 1 | 0 |
| WATER SECURITY AGENCY | 15 | 11 |
| eHEALTH | 8 | n/a |

| PUBLIC BODY | COMPLAINTS RECEIVED | |
|---|---|---|
| | 2014 | 2013 |
| COMMISSIONS | | |
| APPRENTICESHIP & TRADES CERTIFICATION COMMISSION | 4 | 2 |
| AUTOMOBILE INJURY APPEAL COMMISSION | 3 | 2 |
| PUBLIC SERVICE COMMISSION | 1 | 1 |
| SASKATCHEWAN HUMAN RIGHTS COMMISSION | 14 | 5 |
| SASKATCHEWAN LEGAL AID COMMISSION | 25 | 32 |
| SASKATCHEWAN PUBLIC COMPLAINTS COMMISSION | 3 | 4 |
| TEACHERS' SUPERANNUATION COMMISSION | 1 | 0 |
| AGENCIES & OTHER ORGANIZATIONS | | |
| CONEXUS ARTS CENTRE | 1 | 1 |
| SASKATCHEWAN ASSESSMENT MANAGEMENT AGENCY (SAMA) | 1 | 0 |
| SASKATCHEWAN CANCER AGENCY | 0 | 1 |
| SASKATCHEWAN POLYTECHNIC | 6 | 6 |
| TOTAL COMPLAINTS RECEIVED | 2,312 | 2,373 |

## Complaints Received Outside Jurisdiction

| TOPIC | COMPLAINTS RECEIVED |
|---|---|
| CONSUMER (INCLUDING LANDLORD/TENANT) | 184 |
| COURTS/LEGAL | 51 |
| EDUCATION | 6 |
| FEDERAL GOVERNMENT | 112 |
| FIRST NATIONS GOVERNMENT | 14 |
| LOCAL GOVERNMENT | 66 |
| HEALTH INSTITUTIONS OUTSIDE OUR JURISDICTION | 35 |
| POLICE COMPLAINT | 46 |
| PRIVATE MATTER | 16 |
| PROFESSIONAL | 51 |
| OTHER | 92 |
| TOTALS | 673 |

# Budget

| | 2012-2013 AUDITED FINANCIAL STATEMENT* | 2013-2014 AUDITED FINANCIAL STATEMENT* | 2014-2015 BUDGET** |
|---|---|---|---|
| **REVENUE** | | | |
| General Revenue Fund appropriation | $3,037,550 | $3,512,849 | $3,410,000 |
| Miscellaneous | $93 | $28 | |
| **TOTAL REVENUE** | $3,037,643 | $3,512,877 | $3,410,000 |
| **EXPENSES** | | | |
| Salaries & benefits | $2,393,628 | $2,418,772 | $2,570,000 |
| Office space & equipment rental | $223,581 | $301,375 | $344,700 |
| Communication | $28,343 | $35,800 | $44,400 |
| Misc. services | $80,767 | $78,364 | $84,700 |
| Office supplies & expenses | $22,310 | $29,266 | $22,100 |
| Advertising, promotion & events | $97,732 | $133,436 | $94,100 |
| Travel | $73,935 | $102,828 | $74,800 |
| Amortization | $23,414 | $154,912 | - |
| Dues & fees | $52,510 | $78,914 | $140,200 |
| Repairs & maintenance | $43,469 | $61,685 | $35,000 |
| Capital Asset Acquisitions | - | - | 0 |
| Loss on disposal of capital assets | $168 | - | 0 |
| **TOTAL EXPENSES** | $3,039,857 | $3,395,352 | $3,410,000 |
| **ANNUAL (DEFICIT) SURPLUS** | ($2,214) | $117,525 | |

*These columns are based on our audited financial statements, which follow our fiscal year (April - March) and our annual report follows the calendar year. The audited financial statements are available on our website at www.ombudsman.sk.ca.

**Due to the timing of this report, 2014-15 numbers reflect the budgeted amount rather than the actual.

# Staff

## Regina Office

Brian Calder, Assistant Ombudsman

Jaime Carlson, Assistant Ombudsman

Kelly Chessie, Assistant Ombudsman

Sherry Davis, Assistant Ombudsman

Leila Dueck, Director of Communications

Arlene Harris, Assistant Ombudsman

Pat Lyon, Assistant Ombudsman (term)

Janet Mirwaldt, Deputy Ombudsman

Aaron Orban, Assistant Ombudsman

Shyla Prettyshield, Administrative Assistant (term)

Carol Spencer, Complaints Analyst

Gregory Sykes, General Counsel

Harry Walker, Complaints Analyst (term)

Beverley Yuen, Executive Administrative Assistant

## Saskatoon Office

Christy Bell, Assistant Ombudsman

Jeff Cain, Assistant Ombudsman

Tricia Chint, Administrative Assistant (part-time)

Renée Gavigan, Acting Deputy Ombudsman

Adrienne Jacques, Complaints Analyst (term)

Ryan Kennedy, Administrative Assistant (part-time)

Kerry O'Shea, Assistant Ombudsman (term)

Sherry Pelletier, Assistant Ombudsman

Andrea Smandych, Manager of Administration

Karen Topolinski, Assistant Ombudsman

Diane Totland, Complaints Analyst

Kathy Upton, Complaints Analyst

Rob Walton, Assistant Ombudsman